

Ira H. Hayes Memorial Library
Application For Library Card
94 N. Church St. Sacaton, AZ. 85147
P: (520) 562-3225 F: (520) 562-3903

This information is confidential and will be used for library purposes only. For minors 17 and younger, parent/guardian must be present. Please fill out completely.

First Name_____ Last Name_____

Street Address_____City_____State_____Zip_____

PO Box_____City_____State_____Zip_____District_____

DOB_____/_____/_____Gender: M☐ F☐Tribe _____Tribal#/DL/ID_____

Home/Cell Phone _____Email _____Library Card #_____

Print Name:_____Signature_____

Check line box if you would like to receive future announcements from Ira H. Hayes Memorial Library (circle all that apply) Text☐Email.☐

For Patrons 17 yrs. and younger

I agree to be responsible for all materials borrowed by the minor with this card. I further understand that if the minor fails to abide by library rules that his/her library privileges can be suspended or revoked.

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1. First Name _____Last Name_____
   DOB_____/_____/_____ Gender: M☐ F☐District_____ Library Card#_____
2. First Name _____Last Name_____
   DOB_____/_____/_____Gender: M☐ F☐District_____ Library Card#_____
3. First Name _____Last Name_____
   DOB_____/_____/_____ Gender: M☐F☐District_____ Library Card#_____
4. First Name _____Last Name_____
   DOB_____/_____/_____ Gender: M☐F☐District_____ Library Card#_____

I hereby give my permission for my child listed above to access the Internet and computers at the Ira H. Hayes Memorial Library staff is not responsible for monitoring Internet use by minors. Filtering software is being used on all public accessible computers. No filter is 100% effective or can filters prevent access to undesirable images or text on the internet. At the discretion of Library staff, revocation of computer. privileges may occur.

Staff Initials _____ Date:_____ Revised 10/01/2025